

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES
1. REQUEST NO. SGT50011Q0015	2. DATE ISSUED 02/08/2010	3. REQUISITION/PURCHASE REQUEST NO. 1110122	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY U.S. Embassy Guatemala/Procurement Section			6. DELIVER BY (Date) TBD	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)	
NAME Wagner Lam		TELEPHONE NUMBER AREA CODE 502 NUMBER 2326-4359		9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE U.S. Embassy Guatemala/GSO	
a. NAME All Prospective Offerors		b. COMPANY		b. STREET ADDRESS Av. Reforma 7-01, Zona 10
c. STREET ADDRESS			c. CITY Guatemala	
d. CITY		e. STATE	f. ZIP CODE	d. STATE GT e. ZIP CODE 01010
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 02/18/2011		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	TELEPHONE SYSTEM: Telephone system as per attached Scope Of Work (SOW)	1	EA		
<p>Terms & Conditions:</p> <p>Quotation should be in Quetzales.</p> <p>Price should include IVA, and IVA form will be provided for 12% .</p> <p>Payment will be processed after items and service is provided.</p> <p>Payment terms: 30 days.</p>					
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE

NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.	
13. NAME AND ADDRESS OF QUOTER	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION
a. NAME OF QUOTER	15. DATE OF QUOTATION
b. STREET ADDRESS	16. SIGNER
c. COUNTY	a. NAME (Type or print)
d. CITY	b. TELEPHONE
e. STATE	AREA CODE
f. ZIP CODE	NUMBER
c. TITLE (Type or print)	